Draft date: 7/29/26

2026 Summer National Meeting
Columbus, Ohio

JOINT MEETING OF THE PRESCRIPTION DRUG COVERAGE (B) WORKING GROUP
AND THE MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (MHPAEA) (B) WORKING GROUP
Wednesday, August 12, 2026
11:45 a.m. – 12:45 p.m.
Greater Columbus Convention Center—Heart of It All Ballroom B—Level 1

ROLL CALL

PRESCRIPTION DRUG COVERAGE (B) WORKING GROUP

Joylynn Fix, Chair	West Virginia
Ashley Scott, Vice Chair	Oklahoma
Kelli Littlejohn Newman	Alabama
Kayla Erickson/ Molly Nollette/Sarah S. Bailey	Alaska
Tolanda McNeal	Arizona
Tricia Davé	Connecticut
Howard Liebers	Dist. of Col.
Sheryl Parker/Samantha Heyn	Florida
Shannon Hohl	Idaho
Matthew Pickett	Illinois
Andria Seip	Iowa
Vicki Schmidt/Julie Holmes	Kansas
Shaun Orme	Kentucky
Frank Opelka	Louisiana
Joe Stoddard	Michigan
Norman Barrett/T.J. Patton	Minnesota
Amy Hoyt	Missouri
David Dachs	Montana
Cheryl Wolff	Nebraska
Ralph Boeckman/Erin Porter	New Jersey
Sahar M. Hassanin/ Alejandro Amparan/ Viara Ianakieva	New Mexico
Sylvia Lawson/Gail A. Ross	New York
Robert Croom/ Charles Whitehead	North Carolina
TK Keen	Oregon
Lindsi Swartz	Pennsylvania
Carlos Vallés	Puerto Rico
Scott McAnally/Jud Jones	Tennessee
Tanji J. Northrup	Utah
Jennifer Kreitler/ Sofia Pasarow	Washington
Lori Luder	Wisconsin
Lauren White	Wyoming

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (MHPAEA) (B) WORKING GROUP

Chrystal Bartuska, Chair	North Dakota	Tom Sargent	Nevada
Michelle Heaton, Vice Chair	New Hampshire	Ralph Boeckman/Erin Porter	New Jersey
Molly Nollette	Alaska	Viara Ianakieva/ Margaret Pena	New Mexico
Leanette Henagan	Arizona		
Jimmy Harris/Crystal Phelps	Arkansas	Sylvia Lawson	New York
Kayte Fisher	California	Ted Hamby	North Carolina
Lila Cummings	Colorado	Tony Bonofiglio	Ohio
Kurt Swan	Connecticut	Ashley Scott/Landon Hubbart	Oklahoma
Howard Liebers	Dist. of Col.	Lindsi Swartz	Pennsylvania
Elizabeth Nunes/ Simone Edmonson	Georgia	Glynda Daniels	South Carolina
		Jill Kruger	South Dakota
Chris Heisler	Illinois	Rachel Bowden	Texas
Andria Seip	Iowa	Tanji J. Northrup	Utah
Julie Holmes/Kenneth Scott	Kansas	Brant Lyons	Virginia
Mary Kwei	Maryland	Karen Brooks	Washington
Candace Gergen/ Angie Laschinger	Minnesota	Jon Duggan/Joylynn Fix	West Virginia
		Barbara Belling	Wisconsin
Amy Hoyt	Missouri	Tana Howard/Jill Reinking	Wyoming
David Dachs	Montana		

NAIC Committee Support: Jolie Matthews/Joe Touschner

AGENDA

1. Consider Adoption of the Prescription Drug Coverage (B) Working Group Spring National Meeting Minutes—*Joylynn Fix (WV)* — Attachment A

2. Consider Adoption of the MHPAEA (B) Working Group April 2 Meeting Minutes—*Chrystal Bartuska (ND)* — Attachment B

3. Hear Presentations on Insurance Coverage of Medications to Treat Substance Use Disorders—*Dr. Marcus Bachhuber (Oregon Health and Science University) and Matthew Sankey (The INS Companies)*

4. Discuss Any Other Matters Brought Before the Working Groups—*Chrystal Bartuska (ND)*

5. Adjournment

Attachment A
Draft: 3/31/26

Prescription Drug Coverage (B) Working Group
San Diego, California
March 23, 2026

The Prescription Drug Coverage (B) Working Group of the Regulatory Framework (B) Task Force met in San Diego, CA, March 23, 2026. The following Working Group members participated: Joylynn Fix, Chair, and Allan L. McVey (WV); Ashley Scott, Vice Chair (OK); Sarah S. Bailey and Kayla Erickson (AK); Kelli Littlejohn Newman (AL); Tolanda McNeal (AZ); Tricia Davé (CT); Howard Liebers (DC); Sheryl Parker (FL); Andria Seip (IA); Shannon Hohl (ID); Matthew Pickett and Chris Heisler (IL); Craig Van Aalst (KS); Shaun Orme and Daniel McIlwain (KY); Frank Opelka (LA); Joe Stoddard (MI); Norman Barrett and T.J. Patton (MN); Amy Hoyt (MO); David Dachs (MT); Robert Croom (NC); Cheryl Wolff, Martin Swanson, and Maggie Reinert (NE); Ralph Boeckman and Erin Porter (NJ); Sahar M. Hassanin and Krystal Bartholomew (NM); Sylvia Lawson and Gail A. Ross (NY); Sarah Young (OR); Michael Humphreys, Lindsi Swartz, and Richard L. Hendrickson (PA); Glory Montalvo (PR); Jud Jones (TN); Tanji J. Northrup and Shelley Wiseman (UT); Sofia Pasarow (WA); Lori Luder (WI); and Lauren White (WY). Also participating were: Lila Cummings and Debra Judy (CO); Kevin P. Beagan (MA); Robert L. Carey and Marti Hooper (ME); Mike Chaney (MS); Chrystal Bartuska (ND); Tony Bonofiglio (OH); and Jill Kruger (SD).

1. Adopted its Dec. 15, 2025, and 2025 Fall National Meeting Minutes

The Working Group met Dec. 15, 2025. During this meeting, the Working Group took the following action: 1) heard a presentation from the Pharmaceutical Research and Manufacturers of America (PhRMA) on the 340B Drug Pricing Program and anticipated changes beginning Jan. 1, 2026.

Van Aalst made a motion, seconded by Seip, to adopt the Working Group's Dec. 15, 2025 (Attachment Two-A), and Dec. 9, 2025 *(see NAIC Proceedings – Fall 2025, Regulatory Framework (B) Task Force, Attachment Four)* minutes. The motion passed unanimously.

2. Heard Presentations on Prescription Drug Formularies, Consumer Protections, and State Enforcement

Wayne Turner (National Health Law Program—NHeLP) and Carl Schmid (HIV+Hepatitis Policy Institute) presented on prescription drug formularies, consumer protections, and state enforcement. Turner discussed the importance of insurer compliance with the Affordable Care Act's (ACA's) nondiscrimination drug formulary requirements. He discussed ways state insurance regulators can help to ensure there is no such discrimination by bringing greater transparency to: 1) Pharmacy & Therapeutics (P&T) committees to ensure comprehensive, up-to-date formularies; 2) exceptions processes to access non-formulary drugs; 3) independent review of drug denials; and 4) up-to-date formulary information, including tiering structure and access restrictions. To further ensure consumers have access to necessary prescription drugs, Turner also suggested that state insurance regulators more closely monitor P&T committees,

particularly their members, meetings, minutes, and conflict-of-interest disclosure requirements. He also suggested that state insurance regulators review the data on standard and expedited exceptions process requests and monitor drug exceptions processes to determine if there is a high use of the exceptions process, which could be a sign that the formulary is inadequate.

Schmid said that, generally, plans are following the ACA requirements with respect to non-discriminatory drug formulary designs. However, there are a few outliers, particularly related to drug formulary designs involving HIV medications. He discussed a few examples. Schmid said federal and state insurance regulators can prevent such discriminatory designs by: 1) fully reviewing plans for drug coverage; 2) fully reviewing plans for drug tier placement; 3) ensuring all prescription drugs are part of the essential health benefits (EHB) benchmark plan; 4) ensuring plan documents are clear and transparent; and 5) responding to consumer complaints.

3. Heard a Presentation on the Prescription Drug Claim Ecosystem

Newman provided an overview of the prescription drug claim ecosystem. She described the distribution and reimbursement system for patient-administered, outpatient generic drugs with a discount card. Newman also described a typical prescription drug transaction between the entities involved in the drug distribution system—the pharmaceutical manufacturer, the wholesaler, the pharmacy benefit manager (PBM), the pharmacy, and the health plan—and how reimbursement works when a discount card is used or is not used.

Newman discussed copay assistance programs, which include manufacturer copay cards and coupons; state pharmaceutical assistance programs (SPAPs); drug discount cards, such as GoodRx and Single Care; patient assistance programs (PAPs); and retail pharmacy savings clubs. She also discussed copay accumulators, what they are, and how they work. Additionally, she discussed copay maximizers and the federal regulatory history related to copay accumulators. She explained that prior to September 2023, the U.S. Department of Health and Human Services (HHS) allowed plans at its discretion to count or not count any copay assistance a consumer receives toward the consumer's annual cost-sharing requirements. In September 2023, the HHS rule permitting this was struck down, and requirements related to copay assistance reverted to a previous HHS rule, the 2020 Notice of Benefit and Payment Parameters rule, which requires plans to count copay assistance toward a consumer's annual cost-sharing requirements except when the assistance is for a brand-name drug with an available generic drug. Newman provided a case study example of a situation involving copay accumulators, illustrating how complex and confusing they can be for consumers.

Newman said her presentation illustrates the complexity of the prescription drug distribution and reimbursement system. She urged state insurance regulators to remain aware because it is always changing. She also highlighted the importance of transparency and patient advocacy.

Having no further business, the Prescription Drug Coverage (B) Working Group adjourned.

Attachment B
Draft: 4/15/26

Mental Health Parity and Addiction Equity Act (MHPAEA) (B) Working Group
Virtual Meeting
April 2, 2026

The MHPAEA (B) Working Group of the Regulatory Framework (B) Task Force met April 2, 2026. The following Working Group members participated: Chrystal Bartuska, Chair (ND); Michelle Heaton, Vice Chair (NH); Molly Nollette (AK); Crystal Phelps (AR); Gio Espinosa and Leanette Henagan (AZ); Kayte Fisher (CA); Kurt Swan (CT); Andria Seip (IA); Chris Heisler (IL); Mary Kwei (MD); Candace Gergen (MN); David Dachs (MT); Ted Hamby (NC); Ralph Boeckman (NJ); Viara Ianakieva and Jessica Sanchez (NM); Tom Sargent (NV); Tony Bonofiglio (OH); Ashley Scott (OK); Lindsi Swartz (PA); Glynda Daniels (SC); Jill Kruger (SD); Rachel Bowden (TX); Tanji J. Northrup (UT); Brant Lyons (VA); Karen Brooks (WA); Barbara Belling (WI); Joylynn Fix (WV); and Tana Howard (WY).

1. Discussed its Work Plan

Bartuska asked for input on how the Working Group should structure its work for the year. She reviewed the Working Group's discussions during 2025, including the recognition that states have different capacities to enforce mental health parity laws. She suggested that 2026 work could include compiling a tracking document that shows activity by state and the resources they use, such as reporting templates, to help regulators understand what is happening across states.

Fix agreed that a tracking document would be helpful, particularly for identifying states at a level similar to her own. Fisher said that California would find such a document useful as it expands enforcement into new areas, such as network adequacy.

Bartuska updated the Working Group on the Employee Retirement Income Security Act (ERISA) Industry Committee lawsuit against the 2024 federal final parity rule. She said court filings indicate that the federal government will propose a revised rule by the end of 2026. She said the Working Group will track further updates. Fisher said California has a bill moving through its legislature to codify provisions of the 2024 rule into state law. Heaton said it would be important for the Working Group to identify changes between any new rule and the 2024 rule, as well as any divergence among states on enforcement.

Bartuska outlined a potential work product of adapting a template for insurers to report their use of quantitative treatment limits (QTLs). She asked the group whether a newly adapted template from the Working Group would be more useful than an existing state template, like the Pennsylvania QTL template used by several states. Sanchez said New Mexico uses a sample template. She said a new template may not be useful, but the opportunity to look at what other states use would be helpful. Bartuska said a state-tracking document would help identify which states have templates that could be useful to review. Belling

agreed and asked whether states that use QTL templates hear industry concerns about their use. Swartz said Pennsylvania has had great success with its template, though not all insurers use it. She said the use of the template has led insurers to remove treatment limits to ensure parity compliance. She said a summary page would be a useful addition to Pennsylvania's template.

Bartuska asked whether the Working Group should develop recommendations on how the NAIC can best support future mental health parity work. She said the Working Group would continue and asked whether it would be useful for the Working Group to refer the matter to the Market Regulation and Consumer Affairs (D) Committee, since parity enforcement is a market conduct issue. She asked whether education and training materials would be helpful. Fix observed that work related to Pharmacy Benefit Managers is divided between the Health Insurance and Managed Care (B) Committee and the D Committee, and the split has worked well. Heaton said work to compile information on state parity activity may help identify where needs are.

Lauren Finke (The Kennedy Forum) summarized a letter NAIC consumer representatives sent to members of the Working Group. She said the key request was to update the Working Group's charges to include developing a model bulletin to reaffirm insurers' obligations under MHPAEA and to outline expectations regarding comparative analyses. She recommended consumer-facing work to share information on utilization management practices, potentially working with the Consumer Information (B) Working Group.

J.P. Wieske (Monument Advocacy) asked the Working Group to help the insurance industry understand the rules they need to comply with and to encourage consistency in the rules. He said the industry expects to comply with the rules once they are made clearer.

2. Heard an Update on the Use of Prior Authorization Templates

Heaton presented on New Hampshire's use of reporting templates for prior authorization as a non-quantitative treatment limit (NQTL). She said the Northeast Zone states met in a Mental Health Parity Symposium in January 2025. She said ensuring compliance with mental health parity is a top priority of Commissioner Bettencourt. She said the symposium allowed states to discuss what is working and what is not in parity enforcement.

She said there is great potential for cross-state collaboration on parity because the rules stem from a federal law. She said the Northeast Zone participants decided a common template would help streamline rules and data collection for insurers. She said many states worked together to develop the prior authorization template by the summer of 2025. She said states approach parity slightly differently, with some collecting information as part of form filings and others during market conduct exams.

Heaton said New Hampshire wanted the template to be comprehensive and detailed because past parity reporting was too vague. She said a template needs to address all the information needed to answer the exam questions, so regulators understand that completing the template can be a heavy lift for insurers. She said New Hampshire's template is robust and includes instructions, a narrative, and data. She said the

instructions indicate whether information should be entered into the narrative or the data sections. She described the responses expected in the narrative section and the elements expected in the data section.

Heaton said the current federal rules are good instructions to follow, even if the federal government is not enforcing them at the moment. She said the template is being used by New Hampshire and some other states and is still being refined. She said New Hampshire expects to publicly post its template soon.

Heaton said the template allows the collection of information regarding factors and evidentiary standards, processes, and comparisons of prior authorization practices as written and in operation. She said the template uses the data elements to demonstrate parity in the plan's operations. Insurers are expected to comment on any comparisons flagged by the data template as unfavorable for mental health or substance use services.

Heaton outlined the common issues insurers encounter when completing the templates. She said no insurer passed the review on its first attempt to complete the template. She said regulators provided feedback and allowed two additional submissions. She said the data template has been difficult for insurers to fill out properly. She said insurers tried to reorganize the template, but such changes are not workable. She said the weighting and ordering of decision factors, as well as vague definitions, were problem areas. She said insurers did not adequately explain the cost factors, and that the analyses they provided were often neither meaningful nor conclusive.

Heaton identified best practices for insurers in completing NQTL templates. She said insurers should read the instructions carefully, designate one person to fill out the template, complete it in order, and provide meaningful analysis. She said an advantage of the template is that it is comprehensive, but a drawback is that it is only applicable to one NQTL.

Having no further business, the MHPAEA (B) Working Group adjourned.